

UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

IN RE:

ANGELA M. FULWILEY
f/k/a ANGELA M. WILLIAMS,

Debtor

ANGELA M. FULWILEY
f/k/a ANGELA M. WILLIAMS,

Movant

v.

PENNSYLVANIA HOUSING
FINANCE AGENCY,

Respondent

CASE NO. 1-18-04217-HWV

CHAPTER 13

3863 N. 6th Street
Harrisburg, Pennsylvania

CERTIFICATE OF SERVICE

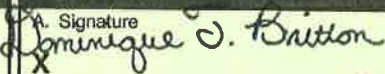


I, Stacy A. Sollenberger, Legal Assistant with the firm of Schiffman, Sheridan & Brown, P.C., hereby certify that on November 16, 2018, a true and correct copy of the MOTION FOR DETERMINATION OF SECURED STATUS/VALUATION OF SECURITY was served by certified mail and received by the following secured claim holders, per the attached certified green cards:




SEE ATTACHED

SCHIFFMAN, SHERIDAN & BROWN, P.C.

By: /s/ Stacy A. Sollenberger
Stacy A. Sollenberger

Date: November 28, 2018

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>PHFA Attn: Brian Hudson, Sr., CEO 211 North Front Street P.O. Box 8029 Harrisburg, PA 17101</p>  <p>9590 9402 4296 8190 8173 24</p>		<p>B. Received by (Printed Name)  C. Date of Delivery 10/19/2010</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 3110 0002 1866 7737</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail® <input type="checkbox"/> Insured Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>PHFA Attn: Jada S. Greenman, Assistant Counsel 211 N. Front Street P.O. Box 8029 Harrisburg, PA 17101</p>  <p>9590 9402 4296 8190 8173 31</p>		<p>B. Received by (Printed Name)  C. Date of Delivery 10/20/2010</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7005 3110 0002 1866 7720</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail® <input type="checkbox"/> Insured Mail Restricted Delivery</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	